

Washington Metropolitan Area Transit Commission

2010 Carrier Annual Report Form

PLEASE NOTE:

- Each carrier holding a WMATC certificate of authority on January 1, 2010, must file a complete 2010 annual report and pay a \$150 annual fee on or before **February 1, 2010**. To be timely, the report and fee must be received at WMATC's office by this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **\$100 late fee**. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **\$100 late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 4, 2010.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

1. ANNUAL REPORT OF:

✓ 485 American Care Transit Company, Inc.

*WMATC No. *Name of Carrier (as shown on certificate of authority)

~~4921 Seminary Road, #1424, Alexandria, VA 22311-1863~~

*Street Address of Principal Place of Business

5613 Leesburg Pike Ste 42
Falls Church, VA 22041

✓ P.O. Box 3648, Alexandria, VA 22302-3648

Mailing Address (If different from street address)

✓ (703) 201-5900

*Telephone Number

(202) 369-1667

Other Telephone

(703) 933 0022

~~(703) 933-0045~~

Fax Number

american_care_transit@yahoo.com

E-mail

2. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

✓ Mr. Mohammed H. A. Ahmed

*Name

President

*Title

✓ (703) 201-5900

*Telephone Number

(202) 369-1667

Other Telephone

703-933 0022

~~(703) 933-0045~~

Fax Number

american_care_transit@yahoo.com

E-mail

3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*(Complete **ONLY** if Street Address in item 1 is **OUTSIDE** Metropolitan District):

Name of Registered Agent for Service of Process

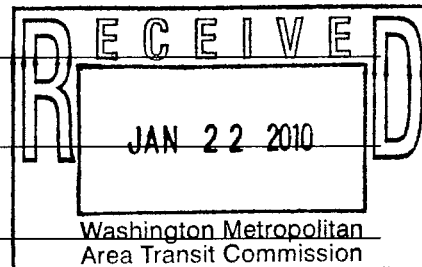
Street Address

Telephone Number

Other Telephone

Fax Number

E-mail



(continued on next page)

4. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

1

changing into New street Address:

5613 Leesburg Pike ste 42

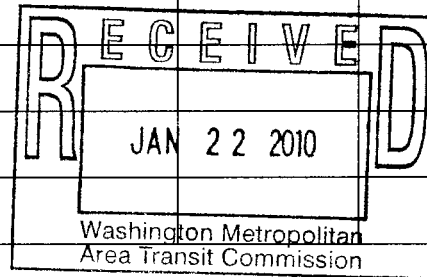
Falls Church, VA 2204-2912 effective Jan-2-2010

2

Removed 2002 GMC Van and 2001 Ford Van From the list. 3 we add 2006 Ford Van to the list.

5. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one of the following three options: (1) list your vehicles below; (2) make any necessary corrections on the enclosed vehicle list and return it with this form; or (3) attach your own vehicle list. Include all required information.

Fleet No. (if applicable)	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity
1	2001	Chevrolet	1GNFG15R211183682	XVJ5375	VA	12
2	2004	Ford	1FBNE1L748A58071	H515992	VA	12
3	2006	Ford	1FBSS31L26HA1928	XUG7025	VA	15



6. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Mohamed H. A. Ahmed

*Name (Type or Print)

President

*Title

Mell

*Signature

Jan - 20 - 2010

*Date

(end)